

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6864</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>JAMES</u> <u>FURGAS</u>  P.O. Box, Bldg., Room No., if any  Street <u>295 89TH STREET SUITE 304</u> City <u>DALY CITY</u> State <u>California</u> ZIP Code + 4 <u>94015</u>	4. Name, file number, and address of labor organization. Name <u>TEAMSTERS LOCAL UNION NO 350</u> Labor Organization File Number <u>034-911</u>  P.O. Box, Building and Room Number, if any  Street <u>295 89TH STREET SUITE 304</u> City <u>DALY CITY</u> State <u>California</u> ZIP Code + 4 <u>94015</u>
5. Position in labor organization. <u>TRUSTEE - BUSINESS AGENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>LIPMAN INSURANCE ADMINATRATORS, INC.</u>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street <u>39420 LIBERTY STREET, STE 260</u> City <u>FREMONT</u> State <u>California</u> ZIP Code + 4 <u>94538</u>	7.a. Nature of Interest, Transaction, or Income. <u>SEE CONTINUATION PAGE</u>  7.b. Amount.  <u>\$30</u>

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>J. Furgas</u>	On <u>8.8.2005</u> Date	<u>650-757-7290</u> Telephone Number

Name of Person Filing: JAMES FURGAS	File Number

### Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name of Employer From Pg.	7.a. Nature of Interest, Transaction or Income (con't from Pg. ):  In performance of his duties as a business representative the person identified in item 3 from time to time transacts business over breakfast, lunch or dinner with representatives of the employers fro the bargaining units assigned to him by the labor organization listed in item 4. The amount entered in item 7.b is the estimated value of the expenditures made by the employer identified in item 6 on his behalf for such food and beverages on or about December 10, 2004. This estimate is based on a review of a business calendar for appointments and meetings in 2004.